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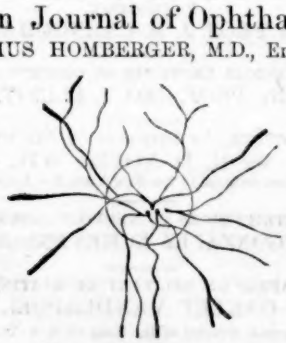

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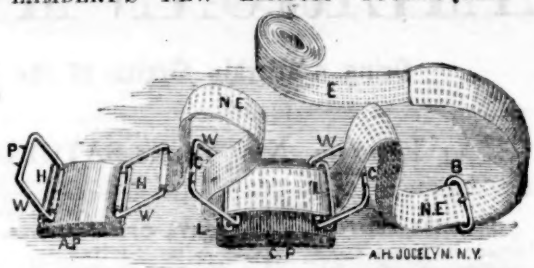

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To the Medical Profession.—Dr. I.

PARIGOT, Honorary Professor of the University of Brussels, late Commissioner in Lunacy, and Superintendent of Gheel, has opened an Institution at *Hastings, on the Hudson*, for the cure of mental and nervous diseases. The house is situated in a delightful and retired spot near the Hudson with vast grounds and gardens. The system employed in this new institution (that *of see air and family life*) is based upon the moral and physical liberty of the patients who voluntarily submit to medical treatment.

Dr. P. is permitted to give for his references several gentlemen of the highest scientific authority, and Superintendents of Asylums of the United States. In town he may be consulted at Dr. Elsberg's office, 153 West 15th street, on Tuesdays and Saturdays, for mental diseases and medico-legal questions.

Original Lectures.

LECTURES ON MILITARY SURGERY,

DELIVERED AT THE

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

By WILLIAM DETMOLD, M.D.,

PROFESSOR OF MILITARY SURGERY AND HYGIENE.

LECTURE III.

Gunshot Wounds of the Chest, Abdomen, and Lower Extremities.—Resections.—Dressings of Compound Fractures.

GENTLEMEN:—At the conclusion of our last lecture, we considered the important question as to the propriety of leaving open or closing penetrating chest wounds. There is another question in the treatment of these grave cases about which there is some discrepancy among the authorities; I allude to bloodletting: some contending that nothing but the most liberal use of the lancet can save the life of these wounded by reducing the circulation to what is termed the vita minima, while others as strongly condemn this practice. Now, as a general rule, wounded men do not bear well depletion; in most cases the soldier's constitution has already been weakened by fatigue, exposure, and camp diet, and the wounded men want all the stamina to withstand the effects of prolonged and perhaps profuse suppuration in the hospitals, where in many cases the means are deficient for building up an enfeebled constitution. I would, therefore, strongly recommend to you a remedy, which, while it gives you all the advantages to be derived from copious and repeated venesections, is free from all its injurious results; this remedy consists in applying ligatures to the limbs by a circular pressure to the upper parts of the arms and thighs, tight enough to check superficial venous circulation without affecting the deeper arterial influx of blood. By this means, which is easily put into execution, you may temporarily withdraw any amount of blood from circulation without depriving the wounded of a single drop, the want of which might seriously affect his recovery; for when the momentary and imminent danger to life has ceased, that is, when the pulmonary hæmorrhage has stopped, you gradually loosen the ligatures and allow the blood which you have retained for a while harmlessly in the extremities to re-enter the circulation. I should state, if I have not done so before, that all I have said refers to hæmorrhage from the wounded lung, for if the hæmorrhage should come from a wounded intercostal or the internal mammary, which, however, are comparatively rare cases, ligature of the bleeding vessel is the proper remedy.

Having thus done for a penetrating chest wound all that the urgency of the case requires, you must place the patient in the ambulance with the strict injunction that he shall lie on the wounded side. In this way you favor the exit of blood from the wound, you give the uninjured lung the best chance of free respiration, and you prevent the blood which may accumulate in the wounded side of the thorax from pressing upon the heart and upon the other lung, and thereby interfering with their functions.

Penetrating wounds of the abdomen with lesion of the abdominal organs, furnish a much more unfavorable prognosis than penetrating chest wounds; in these wounds a new element comes into action, namely, the effusion of the contents of the intestines into the peritoneal cavity, which always leads to fatal peritonitis. I am aware that there are cases on record where men have recovered from such wounds, but they are rare and exceptional cases; there seem to be some men who are not destined to be killed by powder and ball. All you can do in such wounds is, if the wounded intestine is easily discovered and got at, to put a ligature through the part and fasten it to the external wound, giving the patient a chance for the formation of an artificial anus, and give the wounded a large dose of opium to diminish as much as possible the peristaltic motion; you may assist this by a tolerable tight roller around the abdomen.

We come now to the most important class of wounds, the wounds of the extremities; most important I say, because they constitute by far the majority of the casualties of war, and because they offer a larger scope for the judgment and skill of the surgeon. We have already in our general remarks spoken of the necessity of arresting primary hæmorrhage, and of the manner of doing so either by ligature of the artery or by local compression. One of the gravest questions is, whether a wounded limb can be preserved or must be amputated to save life? The rules which govern us in civil practice must undergo certain modifications in war in deciding this question. The distance of transportation to the hospital, the mode of transportation, whether by land or water, the fact whether the army is victorious and advancing, or beaten and retreating; these, and many other circumstances, have their weight in this decision. Thus, when after the second disastrous battle of Bull Run, I went with twenty volunteer surgeons into the field, we found some twelve hundred seriously wounded who had been left for six days on the field without provision of any kind. The enemy, who had possession of the field, had sent word that all the wounded must be removed by a certain day. Under these circumstances a great many amputations had to be performed under the most unfavorable conditions, and at the most unfavorable period, not so much with a view of saving life, for I felt convinced that most of them would die, but simply for the purpose of making transportation possible.

Modern warfare, even if it has in some cases left unsettled the political point for which the war was undertaken, has settled the surgical question that whenever an operation is necessary the sooner it is performed the better, and that even a few hours' delay will decide the life of the wounded; in other words, it has established the preference of primary over secondary amputations, although formerly such authorities as John Hunter advocated the reverse. But it is not so easy to settle what kind of wounds make primary amputation necessary. All cases where a limb has been carried away by heavy projectiles should, by immediate amputation, be changed from lacerated wounds into good stumps; thus also guarding against secondary hæmorrhage from the lacerated vessels. Wherever there is a comminuted fracture with extensive laceration of the soft parts, especially when from the situation of the wound and the absence of pulse below the wound you have reason to believe that the large vessels and nerve are divided, you had better sacrifice the limb.

Resection is an invaluable gain which surgery has derived from modern warfare; the labors of Langenbeck and Stromeyer, who both in succession exercised the function of Surgeon-General in the Schleswig-Holstein war, have thrown the most instructive light upon this branch of conservative surgery.

We may distinguish two kinds of resections: the one, which is sometimes called exsection, where the articular extremities are removed, and thus the rest of the limb preserved; and the other, where the sharp extremities of the fractured bone are removed in the wound, which may be enlarged for the purpose.

As there is a vast difference in the prognosis of the wounds of the upper and lower extremities, which must duly influence our treatment, we will no longer mix up the two, but address our attention, first, to the wounds of the upper extremities.

These are infinitely less dangerous than those of the lower, and with an equal amount of injury an arm may be preserved where a leg should not. The upper extremity is also the proper province for exsection, for here the results are very favorable—whereas in the lower extremity they are uniformly unfavorable; thus, where the shoulder-joint

nas been destroyed by a gunshot wound, provided the shaft of the humerus is not splintered too far down, you may take off the head of the humerus, and a few inches of the shaft, as also the glenoid cavity of the scapula, and the man preserve a useful arm. The elbow-joint affords, perhaps, the most favorable field for resection. In injuries of the hand it is of the utmost importance to preserve as much as possible, even if it were only one phalanx of one finger; remove nothing from the hand where there is the slightest chance of preservation. Remove all loose splinters; trying to preserve the periosteum; and where the shaft is broken, so as to leave a sharp point, resect that point. I have introduced into our army chest an unpretending and simple improvement, which will facilitate this operation much, without increasing the bulk and number of the instruments: it consists of a piece of india-rubber tubing, a piece of which is drawn over a finger-saw, at the end of the saw, and another piece over the point; in this way you guard the soft parts against laceration by the teeth of the saw, leaving only that part of the saw free which is to act upon the bone. Wounds of the lower extremities are infinitely more grave than those of the upper extremity, and resection of the epiphyses gives an unfavorable result. Very few cases are on record in the annals of military surgery of recovery from resection, either of the head of the femur or of exsection of the knee-joint; and it was a judicious measure of our Surgeon-General, when, in a general order, he limited resections to the upper extremity. Exsection of the knee-joint being, therefore, out of the question, we have to add another case which necessitates immediate or primary amputation, that is, opening of the knee-joint, with fracture of the bones constituting it. Gunshot fractures of the femur are exceedingly fatal, and in view of this many surgeons consider such a fracture as sufficient indication for amputation. But amputations of the femur for such injuries are equally fatal; and I think I have seen more cases of recovery from gunshot fractures of the femur than recoveries after amputation. I myself have, in my private practice, been exceedingly unfortunate in my amputations of the thigh on account of injuries; I believe they have all died; whereas, in my thigh amputations on account of disease, I have obtained a very different result—they have almost all recovered. I am therefore in favor of not amputating the thigh unless the gunshot fracture at the thigh is complicated with some of the circumstances I have stated before. In all amputations it is of importance to operate as far from the trunk as possible, because the danger to life increases in the inverse ratio. You should, therefore, in wounds of the knee-joint, when the extremity of the femur is uninjured, exarticulate at the joint. This operation yields a good stump, and is less dangerous to life than amputation in the continuity of the femur. In amputations of the foot it is not so important to preserve small parts of the foot, perhaps one metatarsal bone, as we have seen it to be in the hand. The perfection to which the construction of artificial limbs has arrived, lessens the advantage; and the dangers attending a protracted suppuration in field hospitals counterbalance, in my opinion, that advantage entirely. Chopart's tarsal amputation, and Syme's amputation at the ankle-joint, I think, are preferable to all other methods, such as Pirogoff's osteoplastic amputation, because slight apparent advantages do not weigh against the dangers to which prolonged suppuration exposes the men in military hospitals.

The dressing of wounded extremities on the field must be simple. Avoid rollers—cover the splints simply by a compress and fasten them with tape. If you have a supply of splints, of course use them; but if you have none, or the supply gives out, use your judgment instead. (The Professor then showed the class the manner in which such simple dressings are applied.) The staves of barrels will make good splints. On the field of Bull Run we had nothing else. Straw dressing makes a first rate one for a fractured leg: you take a good handful of straw, bend it to the necessary length, wrap a piece of muslin, or of the man's shirt, if you have nothing else, around the straw, and apply it to the fractured leg. Three or four bayonet sheaths will answer, if you have nothing else. One of the very best modes of dressing compound fractures on the field is the plaster of Paris dressing. Take a stout compress of coarse cloth, soak it in a mixture of plaster of Paris and water, having about the consistency of cream, and apply it wet to the fractured limb, embracing the joint above and below the fracture, and apply a roller so as to make the dressing adapt itself exactly to the form of the wounded limb. In a few minutes the plaster of Paris will harden, you then remove the roller, and you have the fractured limb encased in an immovable case. If you have no material on hand for compresses, the wounded man will readily furnish it; slit open his pantaloons or his sleeve, soak it in the plaster, and you will have as good a dressing as can be desired. Before applying the plaster of Paris compress, you must rub some oil, or simple cerate, or any kind of grease upon the limb, or otherwise the hair will stick to the plaster, and make the removal of the dressing tedious and painful.

Original Communications.

CASES OF PARAPLEGIA

WITH OBSERVATIONS,

By M. GONZALEZ ECHEVERRIA, M.D.,

LATE ASSISTANT PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND THE EPILEPTICS OF LONDON, CORRESPONDING MEMBER OF THE ANATOMICAL SOCIETY OF PARIS, FELLOW OF THE MEDICAL SOCIETY OF LONDON, ETC., ETC.

CASE I.—*Uterine Hæmorrhage with Ulcer of the Cervix.—Relapsing reflex paraplegia upon the application of the induced electric current to the neck of the womb.*—Mrs. S——, a French lady, consulted me on the 22d of September last. She had been married six years, and enjoyed good health before this illness. Always menstruated regularly but with pain for one or two days previous to the menstrual discharge. She has miscarried twice, last time in February, 1861, and ever since remained troubled with white discharges, together with irregular painful menstruation. On leaving Europe, a month ago, she had felt the ordinary symptoms of pregnancy for about five months; and six days before her arrival at New York, she was attacked on board the steamer with a slow and painful hæmorrhage, and a dead fœtus with its placenta came away. This happened on the 5th of September; from that time the pains and hæmorrhage continued, the abdomen diminished in size, and she had milk in her breast until the 17th, five days ago. Now, she is very pale, thin, and in a very low condition; her pulse is frequent and soft, 87 to 90; respiration 32. Hands and feet rather cold, and wet with a constant perspiration. No cough, nor any sign of disease of the lungs and heart. Appetite lost, frequent nausea, and at times vomiting in the morning accompanied with giddiness—tongue whitish and moist—obstinate constipation with epigastric and abdominal tenderness. No retention of urine, nor any abnormal change in micturition; urine acid and slightly albuminous. Patient walks easily, but complains of wearying pain in the loins, thighs, and knees. No alteration whatever in the sensibility and motor power of the lower limbs.

The vaginal examination in the upright posture made me detect an anteversion of the womb, which was much enlarged and soft, as I could otherwise feel through the abdominal parietes. The uterus was extended to nearly an inch above the symphysis pubis. The neck soft, swelled, and tender to the touch, was deeply torn and dilated enough to admit the finger, which returns from the examination covered with blood. The speculum shows the cervix torn, and the seat of a red, irritable ulcer, mostly occupying the

whole surface of the anterior lip. The sound easily passes into the cavity of the womb, the operation being, however, painful to the patient, causing bleeding both of the uterine cavity and of the ulcer. This condition of the womb suggested to me the idea of trying electricity for it. I supposed that this agent could prove effectual to determine contraction of the womb, and stoppage of the oozing hæmorrhage, which I attributed to its asthenic condition. Furthermore, the powerful influence of electricity to hasten the cicatrisation of ulcers, which I had recently observed in two cases,* made me likewise expect that this agent might equally contribute to ameliorate the uterine ulcer. Therefore, I decided upon employing this means, and I applied a mild induced current of Ruhmkorff's electro-medical apparatus, one of the electrodes placed in the pubes, and the other connected with a gutta-percha sound terminating in a metallic oval lip passed into the cervix. The intermittences of the current were very rapid, but scarcely was the apparatus at work, than to my great disappointment, the uterus, the loins, the hip-joints, and the lower limbs became the seat of a severe pain. Besides, there were numbness and tremor in the lower extremities, and the whole surface of the body was covered with profuse perspiration. The electric current was at once stopped: the uterus remained contracted, the pain subsided in a short time, but the lower limbs were already paralysed, so much so that the patient could not move them nor stand by herself. A foot-bath, shampooing, and frictions with a stimulating liniment made this unpleasant state disappear. However, a complete paralysis lasted about four hours, and it was not until fourteen hours from the use of electricity that the lower extremities recovered their perfect normal functions. Curious to remark, the secretion of milk, having stopped for five days, was again re-established upon the uterine excitation. The further details of the case are unimportant. The hæmorrhage yielded to astringents and tonics; local applications of the tincture of iodine and of nitrate of silver, and tepid injections with the chlorate of potash, made the uterine ulcer speedily heal, without any other symptom of reflex paralysis, and on the beginning of November, menstruation appeared preceded by slight pain in the loins, and weakness in the left leg. Very likely this dysmenorrhœa will continue sustained by the anteversion of the womb.

Case II.—*Bleeding Piles.—Suppression of the periodical hæmorrhage producing spinal meningitis and paraplegia.—Cure.*—On the 7th of last November, I was called to see a gentleman, aged 34. He is unmarried, and states to have been ill for two days. He is a strong-looking man, of temperate habits, and for twelve years has suffered with bleeding piles, the hæmorrhage periodically occurring nearly every month. Two years ago, he was afflicted with a cerebral affection, and cured by Professor Rostan of Paris, who, according to the patient's statement, considered the disease a *subacute inflammation of the surface of the brain.* It seems that on that occasion the disease consisted in acute mania, supervening upon a protracted attack of intermittent fever, followed by a suppression, during three months, of the hæmorrhoidal discharge. The patient completely recovered from this attack, has enjoyed good health, and has had no other trouble, except gonorrhœa contracted two months ago, and attended with cystitis. This latter yielded to medical treatment, mostly consisting in the use of copaiba; but a gleet remained, and together with the periodical hæmorrhage disappeared under the use of sulphurous baths and other remedies, employed by the patient on his own account, and which at last determined great disturbance and sickness. Patient is not quite positive as to the time in which he took ill, but thinks it was on the 4th. He then had chills succeeded by great sensation of heat, was feverish all the night, and on arising the next morning he suddenly felt a violent pain in the dorsal and lumbar regions, with great stiffness and difficulty of moving the lower limbs. He also complained ever since of frequent necessity for passing water, which he voids with painful tenesmus, the urine being burning and highly colored. Bowels have been confined for four days, there is nausea, difficulty of breathing, with pain in the chest, and occasional cough without expectoration. On examining the patient, I found him lying on his right side, and in a state of opisthotonos from the contraction of the muscles of the back. He is free from any cerebral disorder, but very irritable; his countenance seems natural, pupils are equally dilated, no injection of the conjunctiva, nor any photophobia whatever. No giddiness either, and very little headache. Respiration labored, about 27 in the minute. Pulse quick, strong, and regular, 90. Nothing abnormal on auscultation of the chest. Patient chiefly directs my attention to the pain in the back, and in the limbs, which are as if sore; he feels besides a prickling sensation in the toes. Pressure upon the spine does not show any tenderness in one place more than in the other, but the least movement of the back is attended with severe pain. He is very weak, and if standing, he is much afraid of falling, as he does not perceive distinctly the impression of the floor; but he commands the movements of his lower extremities, and even supports himself without any aid. There is evident hyperesthesia of the skin in the abdomen and lower limbs; sensibility is likewise increased in the muscles, the least pressure upon them being attended with pain. The reflex power does not appear augmented, although at times there is an involuntary jerking of the legs. The urine, secreted in small quantity, is highly colored, and deposits a red precipitate, which tested is found to be of uric acid. There was no trace of albumen in the secretion.

I directed the patient to have twelve leeches put to the anus, and to promote the bleeding by a tepid poultice applied to the part. To take afterwards an injection with olei ricini, olei terebinthinæ, āā f. ℥j., olei crotonis ♏ vj., decoct. avenæ f. ℥iv., and to lie down all the time either on the side or on the belly. The local bleeding did not last to induce a notable amendment of the symptoms; the spasmodic contractions subsided a great deal, and the patient had a good rest during the night. He began on the next morning to use three times a day, five grains of ergot, and one eighth of a grain ext. belladonna, and a blister was applied to the lumbar region of the spine. This means, jointly with a cathartic pill composed with aloes Barb., ext. rhei, āā gr. j., taken every night, and a moderate diet, completed the cure in three weeks. The periodical hæmorrhage has been re-established, and I have advised the patient not to attempt again to suppress it. As to the gleet, it was attended with a stricture of the urethra, and treatment by progressive dilatation was instituted.

The foregoing cases are illustrations of the way by which paraplegia may be induced. The first is unquestionably a good evidence that peripheral irritations most likely go through the sympathetic, are pre-eminently the cause of reflex paralysis, inasmuch as it shows that the symptoms of the genito-urinary affection are not the consequence but really the cause of reflex paraplegia, notwithstanding the contrary opinion advanced by Dr. W. Gull. Neither could it be admitted with this author, that it is the inflammatory condition of the affected organs, and not the irritation, which leads to paralysis, for in this present case we had through the course of the disease an inflamed condition of the womb existing before and after application of electricity. Furthermore, the disappearance of the paralysis, occurring shortly upon the removal of the peripheral irritation, leaves no ground for doubt that a lesion of the spine might have pre-existed in a latent form, for such kind of lesions, although capable of originating sudden symptoms, are by far liable to let them disappear so suddenly. Besides, the

* In the first of these cases, I tried electricity on the suggestion of my friend Dr. J. T. Metcalfe. The ulcer, situated in the centre of the forehead, was of a decided syphilitic nature, and all specific remedies, efficient against other similar ulcers existing in the head, failed upon the former. Electricity, however, made it heal within a week. In the other case, the ulcer was a simple one, situated over the external face of the right shin-bone, and consequent upon injury to this part. Electricity alone made it heal speedily, and in both instances it was the extra-current of Ruhmkorff's apparatus which I used.

co-existent secretion of milk, re-established by the same cause which brought about the paralytic condition of the lower limbs, is a new proof of the pure reflex character of the disease. I am not aware of any other instance of electricity producing such mischievous results, but certainly this is not the only case of relapsing paraplegia consequent upon uterine irritation. Dr. Nonat, in his practical work "On Diseases of the Uterus," Paris, 1860, p. 830, mentions a case of metritis in which "every inter-uterine cauterisation was followed with loss of consciousness, and momentaneous paralysis in the lower extremities." The same author reports several other instances alike which are in utter contradiction with the hypothesis of Dr. Gull.

I did not think that in this case there was any relation between the state of the urine and the nervous trouble. The urine was acid, and contained a very little quantity of albumen, only noticeable when the liquid was boiled with nitric acid. There was no excess of uric acid, no sugar, and on microscopical examination, no renal tube, nor any fatty granules could be detected. As the secretion soon assumed its normal characters in the progress of treatment, I attributed the slight degree of albuminuria to the uterine hæmorrhage.

The influence of electricity on the development of paralysis is very remarkable. Indeed, it would be important to ascertain whether the nature of the current directed to the uterus may have any especial reflex effect upon the lower limbs; for it could not be supposed that the low intensity of that used in this case could have any great share in the production of paraplegia. As I stated before, it was the induced current, circulating in the fine wire, which I preferred, because that of the first helix, or thick wire, excites more the sensibility of the abdominal organs (bladder, rectum, uterus, testicles). This latter is the primary, or extra current, running always in the same direction, and induced by the action of the spirals upon themselves; whilst the former alternately changes in direction, and is induced by the one upon the other wire. It is quite true, that the second reacts more upon the spinal cord, being therefore attended with more reflex effects, and perhaps there would be more reason to think that in this last peculiarity of the current, rather than in its intensity, must be the cause of the paralysis. In short, it is not my intention to enter into any theoretical explanation of the above curious phenomenon, but simply to guard against it on using an induced current in an *irritable* uterus. I should insist upon this irritable condition of the organ, not precisely on account of its bearing on the etiology of reflex paralysis, but because I would not like to inspire any distrust on the advantages of electricity in amenorrhœa, under which circumstances it is safe, and decidedly useful, the application of the induced current by putting one of the electrodes to the abdominal parietes over the womb and ovaries, and the other to the lumbar region, or to the neck of the womb.

The second case belongs to that kind of nervous derangements due to the suppression of a periodical hæmorrhage—a cause far from rare in the etiology of nervous diseases. The first cerebral affection and the spinal meningitis so closely following the disappearance of the rectal hæmorrhage, give evident proof that both were induced by this latter accident. Although in either cases, here recorded, paraplegia occurred suddenly, they differ, however, as to their nature. It will be observed that the condition of the lower limbs in the second case was, I may say, that of pseudo-paralysis; sensibility was impaired, patient felt weakness in the legs, and was afraid of standing, but yet he could support himself and command the movement of his lower limbs—a fact frequently met with in spinal meningitis, and distinguishing it from myelitis, always attended with true paralysis. With this disease also there is usually an increased reflex faculty not observed in simple meningitis; the jerkings in this latter are the result of irritation, or pressure, upon the origin of the spinal nerves, produced by the congestion of the meninges. But it may be, and often is the case that meningitis and myelitis accompany each other from the facility with which the inflammation extends itself to the tissue of the cord; and hence why, notwithstanding the above statement, an immense reflex faculty may be observed among the other symptoms of meningitis. It is useless to add that under such circumstances we have to contend with a complication of the disease.

The difficulty in respiration and the nausea, are easily accounted for by extension of the congestion to the dorsal region. The regularity of the pulse is a constant phenomenon to which Kohler has lately called the attention, as a distinctive character between meningitis and myelitis, in which the pulse is soft, feeble, and generally irregular. But what I would notice, as a no less important sign, is the condition of the bladder and urine. In this, as ordinarily in other cases of spinal meningitis, there was no retention of urine, so constant with myelitis; on the contrary, there was painful and frequent micturition, the secretion being highly colored and charged with uric acid. This excess of uric acid I consider a very constant symptom in dorsal and lumbar meningitis. I have always observed it since I look for it, and it may be valuable to fix the diagnosis between meningitis and myelitis, since it is very common to find the urine alkaline with this latter.

Finally, I did not suppose that in this case the disease went beyond its first period of congestion, as the exudations proper to the second and ultimate stages are attended with more permanent symptoms of paralysis, requiring therefore a longer treatment and otherwise existing with symptoms of consecutive myelitis from inflammation of the spinal cord.

REMARKS ON CHRONIC ARMY DIARRHŒA.

By HENRY N. FISHER, M.D.,
ACTING ASSISTANT-SURGEON U.S.A.

Chronic Diarrhœa is the most common disease with which the medical staff of the Eckington General Hospital has to deal. The cases vary considerably in degree, and in some minor symptoms, but all have the same general character. Nearly all the patients in this hospital have been sick-some weeks or months before coming here; as they are sent from regimental or general hospitals. In almost all instances, the diarrhœa has been contracted while in field service. The general symptoms complained of, are frequent desire to go to stool, and the evacuations are small, thin, and watery, and the discharge is accompanied and followed by a good deal of pain and tenesmus. In some cases the evacuations amount to twenty a day. There is often pain in the back, shooting down the course of the lumbar plexus into the pelvis, dysurea is often complained of, and pain in the lower part of the bladder after the organ is evacuated, and this too when the urine is perfectly normal. Some of the cases have more the character of dysentery than of diarrhœa, but these diseases so often run together that it is hard to draw a distinguishing line between them. In these last mentioned cases there is great tenesmus, heat, and pain about the rectum, and the discharges are extremely fœtid, and mixed with blood. The general color of the stools in the diarrhœa cases is light, sometimes milky in color, and many of these patients are jaundiced. There is besides dry scurfy skin, with a pale waxy complexion, a dry red tongue, and general emaciation and debility. It is not uncommon to have attacks of retching and vomiting, which last a few hours and then subside. The appetite varies. It is generally poor, though sometimes very good. The abdomen is flaccid and generally flat, dull on percussion, and not tender to the touch. But when the diarrhœa lets up, either spontaneously or from the use of medicines, there is sure to be tympanitis, and violent pains in the belly, referred mostly to the region of the transverse colon, and these pains disappear on the recurrence of the alvine discharges.

I will briefly state the results of my observations in the

treatment. I have had but very few recent cases under my care. Those I have had, I have treated with a purgative dose of sulph. magnes., followed after its operation by five grs. of Dover's powder, and enjoined complete rest with low diet for a day or two, and these cases mostly get well without further trouble. Almost all our cases, though, are those that have run on for some weeks or even months before coming here. I have tried almost all the recommended remedies for this disease. I have used opium extensively, alone and in combination. I have tried what is called here "Gouley's Pill," got up by one of my predecessors in this hospital. It is composed of opium and ipecac each a grain, acetate of lead two grains, and in many cases I have found the best results; in other cases, it does not succeed at all. I have used also the vegetable astringents, such as catechu, kino, galls, tannin, etc., and have derived benefit occasionally from them. Where the discharges are dark and fœtid, I have found great good from two drops of turpentine in a drachm of mucilage taken several times a day. I have tried the much vaunted effects of ipecac in large and small doses, but I was disappointed. Observing that Dr. Tripler, U.S.A., recommends Fowler's solution, I tried it in a number of cases, and two or three got well on it. I used three drops thrice a day. Two cases which had resisted every treatment got well on nitrate of silver, a quarter grain three times a day. One had a relapse, the other remained well.

Where the cases are of dysenteric type, I have been accustomed to wrap the abdomen in hot flannel, and if there be much tenderness, dry cups are applied over the colon. If the irritability does not prevent the introduction of a pipe, a drachm of laudanum in two oz. of starch, as an enema, generally affords relief. I have promptly relieved irritability of the bowel and bladder by injecting cold water into the gut, sometimes adding a little acetate of lead. I have never used mercurials in chronic diarrhœa.

The great point I conceive to be not so much the particular drugs given, provided important indications are answered, as the general dietetic and hygienic treatment of the patient. The mildest and blandest food, and that in moderate quantity, is given, and I prefer whiskey to all other stimulants when required. I have never found that milk is injurious in these cases, though some high medical authorities are opposed to its use; any greasy or fat food will invariably bring on an exacerbation, or even a relapse.

Of the post-mortem appearances, I have not had much opportunity for observation. In three cases which I examined, the large intestine was inflamed, and the coats of the sigmoid flexure and rectum thickened. I observed no ulceration in any part, though it might reasonably be expected to exist, and doubtless does in many cases.

MEDICAL EDUCATION IN ROME.—"I shall not easily forget," says M. About in his admirable volume, "La Question Romaine," "the insane laughter which seized me when I entered the anatomical theatre at the Hospital of the Santo Spirito in Rome, and saw the corpse which was being dissected by the students covered with a vine leaf. In that land of chastity, where the bashful vine entwines itself round every branch of science, a young surgeon, an assistant at a hospital, confessed to me that he had never seen a woman's breast. 'We have,' he told me, 'to pass two examinations for the Doctor's degree, one theoretical, the other practical. Between the first and the second we practise at the hospitals, as you see. But the priests, who have the greatest authority over our studies, do not allow a doctor to attend a labor till he has passed his second examination and obtained a license to practise. They are afraid of demoralizing us. We deliver dolls, and in that manner acquire practical experience. In six months I shall have taken all my degrees, I shall practise surgery, and I shall attend as many labors as I like, without ever having seen one.'"—*Lancet.*

Reports of Hospitals.

CASES AT THE NEW YORK EYE INFIRMARY.

By HENRY D. NOYES, M.D.

II. LAGOPHTHALMUS.—III. ECTROPIUM BY SPASM OF ORBICULARIS.

(*Continued from* Vol. V., p. 350.)

II.—*Lagophthalmus.*—Dec. 18, 1861.—Blanche W., æt. 10, born in Kentucky; a light mulatto. When fourteen months old had paralysis of the right side of the face. Almost all the facial muscles have recovered their tone, except the orbicularis. She has some command over it, but cannot completely shut the eyelids. When the lids are open they separate to an unusual extent, making the eye stare, and appear protuberant. The lachrymal secretion is not forced into the canaliculi, and she is annoyed by epiphora. Vision of this eye is not perfect. It is myopic and also amblyopic, the reason being the existence of posterior staphyloma of the sclerotic, as discovered by the ophthalmoscope.

To relieve the epiphora, the inferior canaliculus was slit up, but to no good purpose.

The next proceeding was to shorten the eyelids, and thus narrow the palpebral fissure. This was done by excising a triangle from both upper and lower lids at the outer commissure. The base of each triangle was at the border of the tarsus, the apex vertical. The base reached out a little distance beyond the commissure, towards the temple. The piece was first cut out of the lower lid, and the opposite edges sewed together. The piece from the upper lid was larger; the base of the triangle being about five-eighths of an inch long. Its edges were then united by sutures. Two vertical linear wounds were thus made, and the eyelids drawn tensely over the globe. The lids were closed by isinglass plaster.

Jan. 15th.—The wounds did not close by primary adhesion, but by second intention. There is a little wrinkling in the cicatrices. The lower lid now rises higher, and the upper lid falls lower than before, making the palpebral opening of the same size with that of the other eye. The eyelids can be shut more perfectly, but not yet completely. The epiphora has disappeared.

III.—*Ectropium by Spasm of Orbicularis; Congenital Deformity of Eyelids.*—Jan. 15, 1862.—Eliza R., aged 11 weeks. The mother states that since the time of birth, when the child cries, something comes down over the right eye. She is much alarmed lest this should be something growing over the eye. It is found to be eversion of the upper lid upon forcible contraction of the orbicularis. The lid does not promptly redress itself, but continues everted—and during sleep it is sometimes found in the same malposition. The reason for this inversion is found in the peculiar shape of the eyelids. The tarsal border of the upper lid is disproportionately long; instead of meeting the border of the lower lid it overlaps it when the lids are closed. The palpebral fissures are not horizontal, but turn up at the outer angles. The interval between the inner angles of the two eyes is unusually broad, and there is a trace of the crescentic fold of skin, making the deformity known as encanthus. The inner canthi do not have the regular and well formed horseshoe shape, but are simply acute angles like the external commissures.

The spasmodic eversion occurs in both upper lids, but more frequently in the right. The conjunctival surface is deeply congested, but not granular. The following operation was performed: Child anæsthesiated, a wedge-shaped piece taken out of the upper lid at the outer commissure, the base of the triangle at the tarsal border and its apex reaching up to the conjunctival cul de sac. The external incision ascended nearly to the brow, and the exposed fibres of the orbicularis were divided, the wound united by two sutures, and the lids closed by isinglass plaster. On the third day removed the plasters, wound united by adhesion,

but stretched open a little by the loosening of one suture; another suture put in.

Feb. 3.—Wound firmly closed; at the tarsal border there is a slight nick to show the point of junction. Since the operation eversion of the lid has occurred a few times, but it returns readily to its place. The appearance of the palpebral fissure is much more natural than before.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Sept. 10, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(*Concluded from* vol. v., p. 341.)

MORBUS COXARIUS.

DR. KRACKOWIZER presented two specimens of hip-joint disease, and remarked upon them as follows:—During the recess of this Society (from June 25), I was obliged in two instances to resort to resection of the hip-joint in children for morbus coxarius. One child died; the other one is living, with every prospect of ultimate recovery. The child (a girl) that died, did not die in consequence of the operation, but from an inherent tendency to tubercles, which developed themselves subsequently in the brain. The little patient, at the time of death, was three years and seven months old. I must premise by saying that all the children in this family are more or less tainted with scrofula. One child died a couple of years ago of tubercular meningitis while suffering from spinal disease. The child with morbus coxarius was also delicate and sickly, and had suffered from severe broncho-pneumonia when about ten or twelve months of age. In June of last year all the children in the family suffered from diphtheria, and this one took a pretty long time to recover from its effects. It was then noticed, when the child was able to leave the bed, that it used the right leg less than the left. He was sent to me at once, and I made a very careful examination to assure myself whether there was incipient paralysis or commencing coxitis. I could come to no positive conclusion at that time, and advising quiet, asked to see the child again at the end of a couple of weeks. At the second examination, I made out the existence of coxitis, and resorted at once to the plan of treatment mainly introduced by Dr. Davis. The symptoms did not make any progress while the child was under this treatment—in fact, there was some improvement. Small as the child was, and little the purchase which I could gain for the apparatus, I nevertheless gave him the benefit of moving about. The apparatus was applied September 4th. The child would move about with the assistance of his parents, with a very slight limp. Having instructed the parents in the use of the apparatus, I saw the child only occasionally. I visited the patient again on the 29th of September, when I found that the symptoms of inflammation had increased in consequence of the plaster loosening its hold upon the skin, and the amount of extension having been in consequence decreased. I caused the child to be brought to bed again, where it remained for most of the time until I was obliged to resort to the operation. After a few months the child was permitted the use of the apparatus again, not however with a view to active locomotion, but only to be kept out of bed and in the open air. I found that by November 14th the thigh could not be flexed more than an angle of forty-five degrees, and adducted over the other limb more than twelve or fifteen degrees. About that time the child commenced to be feverish and restless, and at night to have symptoms of night sweats, yet he never showed that characteristic symptom of progressive disease of the joint —those loud shrieks which children give when suffering from this inflammation, and when the elastic extension is not employed. In the examination during the spring of the present year an abscess formed on the anterior aspect of the thigh. The child was then subjected to anæsthesia, and a thorough examination of the parts was made. I then plainly discovered crepitus, and told the parents that in my opinion there was nothing else to be done but to cut down upon the parts and remove the dead bone. They did not consent to the measure, and I opened the abscess, which continued to discharge moderately. When the milder season advanced I had a carriage made, to the foot of which was rigged an apparatus that extension might be kept up while he was taking the air. The child, however, gradually gave way under the exhausting influences of the suppuration and disease of the joint, and the parents finally concluded to have the operation performed. This was done on the 7th of July last. The head and larger part of the neck of the bone were completely absorbed. The acetabulum was, like the remnant of the neck, worm-eaten and spongy, giving the characteristic appearance of carious bone. The diseased portions of the acetabulum and the adjacent parts were removed and gouged out by Luer's gnawing forceps until healthy bone structure showed itself. The loss of substance of the acetabulum was such that by passing the finger of one hand into the rectum and the other into the wound, there was a space equal in breadth to the ends of two fingers where no bony matter was left. All that separated my two fingers was the peritoneum, fascia pelvis, and periosteum. The wound was closed as usual with sutures and the elastic extension, so as to steady the limb, which had lost its hold upon the pelvis save by the psoas and iliacus muscles. The first couple of days the child was very much exhausted, but rallied so that by the fifth day a crutch was placed under his arm and he was sent into the street. From that time he rallied very rapidly; the suppuration became less, the granulations very fine, his appetite returned, and there was no fever. He continued to improve until about a fortnight after the operation, when there was just as much suppuration as the cut would secrete, and in front of the thigh where the abscess had been open before there was a small oozing glairy limpid liquid which came from the resected joint. It being very hot about the close of July, the child commenced to fail with his appetite, and diarrhœa supervened. He became very thirsty, and slept less yet. Withal he would keep a nice appearance, the suppuration being very slight. The child had commenced before to use the limb a little, and to make slight flexions and extensions without giving rise to pain or crepitus. When these bad symptoms showed themselves the child emaciated very rapidly, vomiting became a constant feature, he commenced to talk strangely, and there were spasmodic contractions of the body—in a word, the symptoms of tubercular meningitis developed themselves, and the child died.

I made the post-mortem examination on the following day. On opening the head it was noticed that the anfractuosities were somewhat flattened, that there was a very exuberant formation of tubercles in the folds of the pia mater on the left hemisphere, none at all on the right hemisphere or at the base. The ventricles of the brain were distended by an ounce or two of serum; the fornix was so much macerated that it broke away like cream, but the membrane covering the corpus striatum, and optic thalamus was not modified at all. I must add that about the last ten or twelve days he would sometimes have a short hacking cough, terminated occasionally by vomiting, but there was no expectoration, nor anything wrong by auscultation or percussion. The left lung was normal and anæmic, while the right lung was studded with recent miliary tubercles. I brought the lung along, not with a view of demonstrating miliary tubercles (which are more to be felt here than seen), but I desire to exhibit a condition of things which we sometimes meet with, and which is easily put down as tubercles—I mean cirrhosis of the middle lobe. This condition of things exists in the right lung. I mentioned that the patient had broncho-pneumonia when but a year old, and I have no doubt that hepatization of the lung was not observed, and that fibrinous exudation and subsequent obliteration of the

tissue of the lobe was the consequence, bringing it to that condition which precedes dilatation. The liver had a somewhat unusual appearance, but it was pale, of a sort of yellowish hue, and marked with marble spots of a somewhat darker hue. It was not merely the color which produced these marble-like appearances, but depressions upon the surface of the organ of an arborescent character. On cutting into the substance of the organ it will be seen that the tissue of the vena porta is puckered and recedes from the surface. The tissue of the liver being scraped, deposited a layer of fat upon the knife. Under the microscope the cells were normal, but were filled with a good deal of oily substance; and of cells containing a nucleus and nucleolus—portion of the specimen taken from the ramification of the vena porta showed exuberant formation of new fibrinous tissue. In this specimen we have an instance of fatty degeneration of the liver concurring with the commencement of fibrinous inflammation. This, as is known, is a rare circumstance. The kidneys were perfectly healthy. The mucous membrane of the intestine was pale, but nowhere was there any ulceration to be seen.

The most interesting part, of course, is the condition of the pelvic bones and of the thigh. The pelvic bone of the right side was removed entire, with part of the thigh bone attached. There was a small opening just where the gluteus muscle attaches itself to the outer surface of the thigh bone, which allowed a small probe to come into a large cavity, and which nowhere struck rough bone. On cutting longitudinally through the gluteus muscle it was found pale and transformed into an adipose or fibrinous tissue. It will be seen that the cavity from which the diseased bone was gouged out is filled with a sort of pyogenic membrane which had secreted that limpid serum drained by the sinus on the anterior aspect of the thigh. The upper part of the femur was rounded and covered with the same substance. The periosteum, which I had peeled from the larger trochanter, had adjusted itself to the resected surface of the thigh bone, and had thrown out a more or less considerable quantity of osteophites. On turning this specimen so that the inner surface of the pelvis appears, and removing the obturator muscle and scraping off the periosteum it will be seen that this membrane had thrown over a considerable quantity of bony material in irregular masses, whereby the opening which had been made in the acetabulum had been so much decreased that barely a moderate sized goose-quill could be introduced. I have no doubt that if this tubercular disease of the brain had not supervened the child would have had a very fair chance to recover with a pretty useful limb.

FOREIGN CORRESPONDENCE.

LETTER XIX.

By PROF. CHARLES A. LEE.

CRETINISM.

INTERLAKEN, SWITZERLAND, Sept. 4, 1862.

THERE are, perhaps, no physicians of the present age, who have been in the habit of perusing medical journals, who have not became more or less acquainted with the institution of Dr. GUGGENBUHL on the Abendberg, for the cure of cretins and idiots. It was opened on the 23d of July, 1841, and has now been over twenty-one years established, during all which time Dr. G. has presided over, and directed its operations. As it was one of the first, if not the very first institution of the kind ever established, it naturally attracted much attention, and it is but truth to say that it has not only given rise to many publications on the subject, but it has also been the germ of several establishments of the same kind, in different parts of Europe. For a long series of years the usefulness and integrity of Dr. G. were not questioned by any one; it was visited, and still continues to be, by physicians, clergymen, scientific men, of every country, and even by kings and princes, who awarded to Dr. G. great credit for his zeal, benevolence, and disinterestedness. But of late, within the last four or five years, the doctor has had to encounter very serious opposition; his candor and honesty have been even questioned; he has been repeatedly charged with falsehood, selfishness, and an avaricious disposition; and recently these charges have been endorsed by medical societies in Switzerland, as of Berne, which have passed resolutions, cautioning the public against Dr. G. as guilty of intentional deception, and engaged only in a money speculation, entirely regardless of the true interests of the poor cretins, in whose cause he has labored all his life, and for whose benefit he has sacrificed all the pleasures and advantages of civilization and refinement.

Influenced by these and other considerations, I determined to visit and examine the institution for myself, to determine, if possible, whether there was any truth in these charges. I accordingly set out this morning from Interlaken with a horse and guide, and after ascending a very steep mountain, along a mule path, for two hours and a half through a dense forest of larch, fir, and beech, we at length reached the establishment, perched on a plateau almost on the top of the Abendberg, commanding one of the finest views in all Switzerland. Twelve hundred feet below you lies the beautiful valley and village of Interlaken, with the Lakes of Thun and Brientz; while on the opposite side we have some of the loftiest snow-clad mountains of the Oberland rising majestically before us, as the Eigher, Monch, and Jungfrau. A more lonely spot cannot be found among the Alps. The main building is an irregular built chalet, part wood and part stone and stucco work, of two stories and basement, with eighteen rooms, and wing recently erected and fitted up as a chapel, with two windows of stained glass. The house is very plainly and even roughly built, with no pretensions to taste or elegance, and furnished in the most simple manner. The reception room is of moderate size, and contains, suspended to its walls, twenty diplomas and certificates of membership of different medical societies in various countries, and among the rest of our own *Academy of Medicine*, to which is appended the name of John W. Francis, President. The register contains the names of many distinguished men from America and every country in Europe. Dr. A. B. Stout, of New York, was the first American who visited the institution, in July, 1844. Sending in my card, it was nearly half an hour before the Doctor made his appearance. He is a man a little above 40, small in stature, of a highly benevolent expression of countenance, sprightly, very intelligent, and speaks the English language remarkably well. He received me very kindly, and answered most fully and satisfactorily every question I asked. There was evidently no concealment, nor any attempt at deception. I will embody the substance of Dr. G.'s remarks in a continuous form, to save space, recollecting that they were in reply to queries which I made:—"We now number," said the Doctor, "about 30 patients, 20 in the house and 10 out; we have some, perhaps one half, who are only half cretins; some labor under scrofula and other diseases; many are now out on the mountain, attending to our cows and goats. We have six hundred acres of land belonging to the establishment, part of which is tilled, but most is pasture land; the soil is not very good, but we raise some wheat and vegetables enough for the establishment, besides an abundance of milk, butter, and cheese. I do not give the cretins potatoes, as they are too bulky, and cretins have already enormous stomachs; they are kept almost altogether on animal food, as meat and milk, some rice and bread. The meat is always hashed up for them, as some of them have difficulty in masticating. I find that a nutritious diet of animal food is absolutely indispensable; it is the most important of all curative measures. We first aim to invigorate the body, and give, besides the most nourishing food, preparations of iodine and iron, especially the syrup of iodide of iron. The milk of our goats and cows is very medicinal, as they feed on many aromatic and medicinal plants. It also contains more oil and caseine than the milk of animals kept in the valleys.

We use phosphate of lime and cod-liver oil, with frictions and aromatic baths. In cases of great muscular relaxation and want of capillary circulation, we use electro-magnetism, sometimes while in the bath, and sometimes it is applied in a moderate degree to the brain, and continued for a considerable period. I attach great importance also to the climate of this high mountain; we enjoy a pure bracing air, never stagnant, as in the valleys below, largely supplied with oxygen and ozone, highly rarified, and altogether exhilarating in its effects on the system. We have an abundance of light and sunshine, for the sun shines here almost every day, while the valleys below are enshrouded in mists, and vapors, and clouds. In short, I attribute much of my success in the cure of *cretinism* to the climatic influences of this pure, fresh mountain air; and though it is very difficult to get here, and everything has to be brought on the back of mules, yet these advantages of climate more than counterbalance all the inconveniences of difficult access. We have no epidemics up here, while at Interlaken and all the villages in the valleys, they have some epidemic almost every season, as hooping-cough, scarlet fever, etc. It is never very cold here in winter; we are thoroughly protected against cold northerly winds; we have a southerly exposure, as you see, and our average temperature in winter is 10 degrees of Reaumer. The highest temperature ever experienced here in summer, has been 24 degrees of Reaumer; to-day it is about 12. In the valley to-day, the heat is no doubt very great, and the air stagnant and sultry, with a high dew point; here it is cool and invigorating. No malaria ever reaches here; the air is highly charged with positive electricity; in consequence, the blood is more freely and thoroughly oxygenated; the oxygen is more readily absorbed. The result is, more vigorous digestion; the appetite always improves rapidly here, and that is a most important element in the cure of cretins. We have about ninety individuals connected in some capacity with our institution at the present time. It is supported mainly by what we raise from the land; we get some donations from abroad; the Swiss people do nothing for us, as they have a prejudice against doing anything for cretins, as they look on them as *holy beings*, incapable of sin, and rather a blessing to a family than otherwise.

"Cretinism differs from idiocy, inasmuch as it is a disease. The cretin is, so to speak, a perfect being, whose physical development is prevented by the bad conditions in which it is born, and in which it lives. Its moral and intellectual life is paralysed, because its physical organs are without strength or vital force. The idiot, on the contrary, is an incomplete or imperfect being, in whom some portions of the brain are wanting, or remain in a rudimentary state. The physical development is not in proportion to the feebleness of its intelligence; we often see vigorous idiots, well developed, in good health, and possessing great muscular strength. This distinction, however, is not always well marked. Cretinism is a grave affection of the cerebro-spinal system, consisting in several pathological alterations which give rise to irregular development, check the bodily growth, and blunt and impair the senses and intellectual faculties. Autopsy has often revealed to me cerebral œdema with much water in the lateral ventricles. At a more advanced period, there is softening of the adjacent portions of the circumvolutions. Microscopic inspection, in numerous cases, discloses no other visible change either in the white or grey portions of the brain, or in the elementary fibres. These pathological conditions often check the development of certain parts of the brain, especially the anterior and posterior lobes; sometimes they cause general autopsy of the brain; more rarely hypertrophy of this organ is the cause of the cerebral stupor. We sometimes meet with hardening of the brain, or some portions of it, in exceptional cases. Hypertrophy of the cranial bones, compressing the cerebral substance, characterizes the rachitic form of cretinism in its more advanced stages. The premature closing of the cranial sutures by inflammation, very often causes deformity in the shape of the head, both in cretins and idiots; but as I have often found the same thing in persons perfectly intelligent, I do not think it can be regarded as one of the pathological causes of cretinism. Indeed, the word *cretinism* is a collective name, expressing different pathological states, with a tendency to progressive degeneration and feebleness of the intellectual faculties. Observation in our Alpine valleys has enabled me to distinguish a group of precursory symptoms, which afflict a large proportion of the inhabitants without affecting perceptibly their intellect. These are goitre, stunted growth, a disproportion between the body and its membranes, feebleness of the senses, and especially dulness of hearing and strabismus.

"The pathognomonic symptom of cretinism is *cerebral stupor;* but this does not prevent certain isolated faculties from being developed in an extraordinary manner, as a memory for acquiring languages, musical talent, and drawing, all of which have been exhibited in our institution. Fallere and others supposed cretinism to be always hereditary, but this is not the case; the phenomenon is often toral or sporadic; we have had no cases where neither parent was affected; the germ or predisposition is doubtless derived from the mother, for we often find one or more cretins in a family of children, while all the rest are unaffected, and yet all are surrounded by the same influences. The closest observation for some time after birth, often fails to detect the marks of cretinism, except it be feebleness, for the child is well formed; and it is very evident, therefore, that in a great proportion of the cases, at least, it must be the pernicious action of local causes which develops cretinism during the first three years of life; generally, about the period of the first dentition, with symptoms of softening of the bones, of hydrocephalus, scrofula, or general atrophy. Idiotism is much less curable than cretinism, although idiots are ordinarily well formed, strong, and robust: in these respects they differ from cretins, who labor under great muscular debility, and other symptoms of disease.

"You know," continued Dr. G., "that a great many causes have been assigned for cretinism; some say it is a want of iodine; some, it is owing to too much magnesia in the water; others, too much lime; some insist that is always hereditary, etc. My opinion is, that the chief cause is *malaria*. This may be aided by poverty and filth, but the latter never produce it alone, else it would, for instance, be very common in Ireland. There are over ten thousand cretins in Switzerland, and hundreds of thousands of goitre. Napoleon ascertained that in 1811, there were 3000 cretins in the Valais alone; 7000 have been enumerated on the Southern or Italian slopes of the Alps; there are 5600 in the mountains of Suabia. There are large numbers in Russia; and in fact, in all the mountainous regions of Europe: so that, although full statistics have not yet been taken in every country, there is good reason to believe that there are over 100,000 cretins in Europe.

"In regard to treatment, the fundamental principle is to strengthen the physical development, before we undertake to invigorate the senses or the intellect, because experience has proved that such experiments are hazardous, until the vital forces are strengthened, and nutrition and the functions of the nervous system regulated. For this purpose I employ the means already mentioned, as epid aromatic baths, frictions, cod-liver oil, syrup of iodide of iron, electricity, etc., a nourishing diet, much exercise in the mountain air, which both regulates nutrition and hematosis."

The above comprises the substance of Dr. G.'s remark- before taking me over the establishment. He first conducted me up-stairs to a spacious room fitted up with objects, plates, and all the necessary apparatus for the instruction of idiots. Here were five pupils and three instructors, a lad of 17 or 18, a young girl of 10 or 12, and a female, somewhat deformed, about 30 to 40. One of the pupils had scrofulous sores on the neck, but was not a cretin; one was an idiot, laboring under chorea; and three were apparently cretins. One was teaching the alphabet, another to count on strings of beads, the third was endeavoring to learn how

to distinguish colors. One, who had been a year or more in the institution, could just breathe, but with great difficulty. The other cretins, Dr. B. said, were out taking care of the flocks. The Dr. said he had not kept statistics, as he had been away a good deal; and besides it was difficult to keep patients long enough to make a fair trial; but that he probably had had altogether 100 in the establishment long enough to test his mode of management, and he was satisfied that the disease was in most cases, if taken early, quite curable; if taken later, so far curable that patients would be taught to dress and undress, feed themselves, do many kinds of work, especially agricultural, of which he spoke enthusiastically. As a means of cure, one boy, whose photograph he showed me, when he came to the institution could speak but a single word, and was quite unable to take care of himself; after staying a few years he became sufficiently master of three languages, that he went out as a teacher, and is now engaged in New York in that capacity. I saw a well written letter of his in French; his name is Frederick Mayer. The Doctor stated that, if a cretin woman have a child whose father is not a cretin, the child is never a cretin, taking after the father; and that in his opinion, *mind and intellect are always transmitted by the father, never by the mother.* He mentioned a family of mathematicians in Basle, who were distinguished for mathematical talent for several generations, although the mothers, in several instances, were weak-minded females; he also mentioned the Munroe family in Edinburgh, as cases in point. He said that Schiller, Hufeland, and other distinguished literary men, had feeble-minded children, because their brains were overworked, and their nervous energies exhausted by study. The Doctor also showed me several casts of cretin heads, which certainly did not sustain his theory of good development. Some resembled the heads of the Carib Indians, flattened and greatly elongated; some were hydrocephalic (one contained 18 lbs. of water after death, age 22), still the faculties were tolerably good to the last; some resembled the negro type; and not one was symmetrical or well developed. I may remark that in every cretin I have examined, I have found the capillary circulation very sluggish, the skin cool and clammy, and of a blue color, the pulse slow, feeble, and languid, and every function torpid.

After showing me photographs of all the remarkable cases, in which he has met with much success, and related their histories, he presented me copies of his various publications on cretinism, and showed me over the building and grounds; the Doctor then accompanied me some distance down the mountain, and bade me adieu.

After such attentions, it certainly would be very ungracious and ungrateful for me to criticize Dr. G. very severely, or pretend to sit in judgment on the various charges brought against him. I will, however, add, that I have carefully read all I have seen alleged, and doubt very much whether the charges ought to have quite as much weight as some suppose. The institution is evidently run down, and is not what it once was; there is not an adequate corps of teachers; the Doctor is absent some weeks during every year, for which I can hardly blame him, considering his twenty years of isolation on the top of that lonely mountain. He solicits donations from the benevolent and the wealthy, which he has a good right to do, if the funds are honestly appropriated, which can hardly be doubted. There is certainly room for great abuses, where an institution is managed in the way Dr. G.'s is; but his past history, the entire devotion of his life to this one purpose, of proving the curability of cretinism, and that under circumstances of a disagreeable nature, requiring great personal sacrifices, and not a few hardships and trials—all this ought to furnish a satisfactory guarantee that his motives are good, and his intentions and purposes honest and laudable. That he is an enthusiast, is true, and his statements, perhaps, must sometimes be taken with some allowance, as they always must in such cases; but that there is intentional deception, I cannot believe. If we can ever judge from appearances, I should say that Dr. G. is a humane, benevolent, candid, honest, Christian gentleman; and I believe his name will go down to posterity as a true benefactor of the race, and a sincere friend of humanity.

American Medical Times.

SATURDAY, JANUARY 3, 1863.

SPECIAL INSPECTION OF HOSPITALS.

It was truly remarked by the Surgeon-General that, to secure efficient hospital management, there should be an almost daily inspection by competent persons. The inevitable tendency of officers and attendants in hospitals is to laxity of discipline and negligence in the performance of even the most ordinary routine of duties. It is eminently true, that, "if you give them an ell they will take a yard." The first oversight of a violation of rules leads to the commitment of several similar errors. Cleanliness, a primal virtue in every hospital, is generally the first rule overlooked. From the parent sin proceed a thousand errors, one following the other so imperceptibly that the entire establishment soon becomes a scene of disorder, of which many a medical officer is entirely unconscious, until, by some pointed criticism, his eyes are opened to the true condition of his hospital. Herein lie the importance and value of hospital inspection by experts in hospital management.

Acting upon the suggestion of the Surgeon-General, the Sanitary Commission, with its usual promptness, organized a department of special inspection of the General Hospitals of the army—the inspectors to be chosen from civil life. As the head of this bureau Dr. Henry G. Clark, of Boston, was selected. Dr. Clark has special qualifications for the position, having devoted much of his life to the study and practice of sanitary science, and to no one could the organization of the department have been more wisely intrusted. This special inspection has now been carried on three months, and with satisfactory results.

The first report of the Inspector-in-Chief, issued Nov. 18, gives us some insight into the operations of this department. The Commission were led to their action by the following considerations:—

"With the large increase of the army, its sick and wounded were constantly growing in number, and the hospitals provided for them already exceed one hundred. While the strength of the army had been nearly doubled, and the population of the General Hospitals more than quadrupled, the Staff of the Medical Inspection had not been at all augmented. Under these circumstances it was obvious that intelligent assistance from civil life would be acceptable. This aid the Commission resolved to seek amongst the best and ablest members of the medical profession, soliciting, for short periods, the services of men unable to leave their responsible duties for any length of time, and yet ready to help the national cause and that of humanity."

Circulars, setting forth the nature of the duties, were issued to more than a hundred medical gentlemen of assured position in the loyal States, and more than two-thirds accepted the service. Upon commencing a tour of inspection each inspector receives printed instructions, embracing in detail the points of special observation.

He is directed to report as to the locality of the hospital; character of its site; style of building; number of assistant medical officers; number of hospital stewards, ward-masters, male and female nurses; estimate character and efficiency of all the officers of the hospital; number of patients in hospital; general character and degree of gravity of cases under treatment; the degree of medical and surgical skill of medical officers, and the humanity and kindness evinced by them, and also by the nurses; at what hours the regular visits are made to the sick; how often the surgeon in charge visits the wards; rate of mortality; success of surgical operations; is diet sufficient in quantity, and good in quality; is the hospital fund sufficient to secure an ample supply of delicacies and necessaries for the sick; are stimulants of good quality, and judiciously administered; is strict cleanliness of floors, bedsteads, bedding, clothing, vessels used for food, spittoons, bed-pans, sinks, and water-closets, kitchen, and cooking utensils; the water supply for washing, bathing, water-closets, and in case of fire; provisions against fire; means for lighting and heating the wards; the drainage; cleanliness of grounds around the hospital buildings and tents; the air-space allowed for each patient; character of continued fever and dysentery; prevalence of erysipelas, hospital gangrene, and pyæmia; use of deodorizing agents; supply of laundresses and means of washing clothing and bedding; supply of mattresses, bed-sacks, straw, blankets, sheets, and mosquito bars; supply of clothing, shirts, drawers, socks, and slippers for the patients, etc., etc.

It will be seen that this inquiry covers the whole ground of hospital management. These reports are of a confidential character, and after being transmitted to the Inspector-in-Chief are to be furnished in abstract to the Surgeon-General. During his tour of investigation the inspector is acting also under the authority of the Surgeon-General. He can therefore give to his examination as much thoroughness as he chooses, as all officers of hospitals are required to facilitate his investigations.

Evidently, there can be but one cause of failure in this system of inspection; and that will arise from incompetency of the inspectors themselves. It was remarked by one of the most experienced and sagacious members of the Commission, that there were not more than twenty medical men in the loyal States *thoroughly* qualified for this duty, of these not more than ten were available, and of the latter the services of not more than five could be secured. This high estimate of the qualifications necessary to discharge the duties of an inspector efficiently, will generally be regarded as greatly exaggerated. But to those practically familiar with hospital administration, its endless details of duties, and the constant tendency in every department to waste, untidiness, and disorder, the remark will be considered as the suggestion of a mind which thoroughly appreciates the subject. For our own part we believe he rather under than over estimated the importance of this office. An inspector should have a natural aptitude as well as a special education for this service. He should have, as ruling traits in his own character, a love of order, neatness, prompt dispatch of business, and to this should be added a thorough knowledge of all the details in hospital government. Thus qualified the inspector surely detects errors, whether they are patent or concealed. His inquiries are all pertinent, and truth as well as error is readily revealed. Nothing is more easy than for a visitor to be deceived as to the real condition and management of a hospital. If the inspector accept the always proffered leadership of the surgeon, he will saunter through the wards in the afternoon, when the patients are absent and their beds carefully made, look in at the open doors of the kitchen and laundry at times when no work is in progress, inquire as to the condition of the bath-room, the sink, and water-closet, read a printed diet table conspicuously posted; and then retiring, write a complimentary report of the hospital, and especially of the medical officers! Far different would have been his opinion, even though a superficial observer, had he *personally* examined each bed, the kitchen and laundry, the bath-room and sinks, inquired of the cook or patients as to the daily food served—in a word, had he personally inspected the hospital according to the instructions above given.

We learn from the report that the inspection is already bearing good fruit; that there is "a very marked and progressive improvement in the condition of the hospitals inspected." There can be no doubt that this department of the Commission is to become a most useful adjunct to the Bureau of Sanitary Inspection of the army, and we shall anticipate with interest its future reports.

THE WEEK.

From a recent report of the Sanitary Commission we learn that an "Army Medical Society" has been established at Washington. Its origin and objects are thus stated:—

"The Army Medical Society owes its origin to the far-sighted and thoughtful suggestiveness of the General Secretary, who, at an early day, invited the Surgeon-General and the other surgeons on duty in the District, to meet the members of the Commission, at these rooms, for friendly conference upon the matters of common interest connected with the administration of the General Hospitals. The meetings have been fully attended, and the result has been the formation of a permanent society, which, with a very simple organization, takes cognisance of all matters relating to the hygiene, the administration of military hospitals, and the care of their inmates. The active members comprise the Surgical Staff within the District, and some of the officers of the Commission; but it affiliates to itself, *as associates, all the Surgeons of the Army and Navy*, and all the *Medical* members of the Commission, inviting them all to contribute to its stores of knowledge, and inviting them to partake freely of its benefits."

—

The Surgeon-General, as appears in another column, has decided to require of all candidates for appointment to the medical staff of the regular army, that they shall have attended at least one course of lectures on hygiene and military surgery. In order to afford the requisite facilities, he advises the different medical colleges to create this professorship. Several schools have already instituted chairs of military surgery, and the remainder will now doubtless do likewise. This arrangement may, in some measure, answer the emergency that now exists for a more thorough and special preparation of those about to enter the Medical Staff of the army. But single professorships will not supply the place of a well appointed Army Medical School, so located as to furnish the student thorough clinical and other advantages.

Reviews.

DENTITION AND ITS DERANGEMENTS. A COURSE OF LECTURES DELIVERED IN THE NEW YORK MEDICAL COLLEGE. By A. JACOBI, M.D., Prof. of Infantile Pathology and Therapeutics. New York: Baillière Bros., 440 Broadway.

THESE lectures have been written by a gentleman who has brought no ordinary qualifications to the task. Each one bears the stamp of a conscientious effort to present with the utmost brevity the greatest amount of information, as a basis for the best clinical suggestions. A vast range of reading, practical familiarity with morbid anatomy, and the most recent inspirations of physiology, with habits of patient clinical observation, are interwoven with every line of the text. That our author's views may not meet the approval of those practitioners who are disqualified by education or habit for the practice of such differential diagnosis as is inculcated in every one of these lectures, need not be a matter of surprise, while we are confident that the work will be valued by those who are grateful for every opportunity of rising above routine, or reading the result of an expert's patient, thoughtful study. There is so much of value in this unpretending little volume as to forbid its review within the limits of this Journal, and there are so many topics touched but incidentally, as to lead us to hope that the present edition may but prove the syllabus for that complete work on Infantile Pathology for which Dr. Jacobi has so thoroughly proved his fitness. G. T. E.

THE INSTITUTES OF MEDICINE. By MARTYN PAINE, A.M., M.D., LL.D. Seventh Edition. New York: Harper and Brothers. 1862.

WITHIN the short space of fifteen years the Institutes of DR. PAINE has passed through seven editions. And yet as a whole, and in detail, it is diametrically opposed to the modern school of physiology, pathology, and therapeutics. This fact indicates both the intrinsic merit of the work and the liberal character of the profession.

Correspondence.

MEDICAL MATTERS IN BERLIN.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Have you room for a few words from a student of our science in this great medical capital? There is much to interest and employ us here, and I am finding the time usefully spent. The New York medical public is tolerably familiar with the book on Diseases of the Ear, by Dr. Kramer, which was republished in Philadelphia about the year 1830. Since then the Doctor has greatly increased his experience, in seeing a vast number of cases. He has no public clinic, but I have been permitted to see many of his cases, as presented in his rooms, during the last two months and a half, and they have been of great interest. The Doctor makes three divisions in his cases—Diseases of the External, Middle, and Internal Ear, respectively. He takes issue with Toynbee and Wilde, and classifies the greater number of cases as belonging to the second variety. Indeed his eustachian catheters, ranging in numbers from one to five, beginning with a tube the diameter of a very slender pin, are his great vehicles of cure. He has discarded his former plan of injecting air into the cavity of the tympanum by means of the pump, and does it altogether by the mouth. With regard to diseases of the internal ear, he claims that scarcely anything is known. He has the peculiar idea that diseases of the ear are entirely *local*, and uses no *constitutional* remedies, blaming Wilde and others very severely for the use of mercury, blisters, etc. "This is in direct variance with all my teachings, and with the practice from which I have seen excellent results. Dr. Kramer uses oil upon the membranum tympani, very weak solutions of zinc, in no case of lead, injects air, and mild astringent solutions into the middle ear. The time I have been here does not of course allow any fair judgment as to the results of his treatment.

The Eye Clinic of Professor Graefe is a place naturally of great interest to the student, the facilities for Instruction being great. The building is not as fine as our Eye Infirmary, nor is the number of patients as large, yet from the nature of things, of which I may speak later, the student fares better than with us. I may say, however, that the general practice, in ordinary cases, does not commend itself to me, as that at the Eye Clinic in New York.

The Charity Hospital, having about two thousand beds, is a noble Institution. The treatment of fractures seems to me better attended to in the New York Hospital, Bellevue, and St. Luke's. Plaster of Paris is very extensively used. The measurements after union of fractures of thigh, are very loose in method. The pathological rooms of Virchow are connected with this hospital, and are extensive to a degree a New York student can hardly conceive. The thoroughness and comprehensiveness of post-mortems are wonderful. The interest correspondingly great. Virchow, besides his reputation as a Pathologist, has one as a Statesman, being a vigorous opponent of the Government in the Prussian Parliament.

Professor Langenbeck, the great surgeon of Berlin, holds a daily clinic. The building has room for about one hundred patients, and many come from the country to be operated on by him. His lectures on surgery are also delivered here. His collection of instruments, with which he illustrates his lectures, is very large, embracing the new and old from every land. The number of medical students here, during the winter session, is estimated at from 500 to 600. Of Berlin, its medical men and institutions, I may speak again.

Yours, etc.,
D. B. ST. JOHN ROOSA, M.D.

BERLIN, October, 1862.

Army Medical Intelligence.

Assistant Surgeon-General's Office,
St. Louis, Mo., Dec. 6, 1862.

IN conformity with the views of the Medical Inspector-General, U.S.A, the following assignment of Medical Inspectors is made to the Military Departments in the Medical Department of the West:

Lieut. Colonel C. C. KEENEY, U.S.A., District No 1. The Department of the Missouri.

Lieut. Colonel GEORGE H. LYMAN, U.S.A., District No. 2. The Department of the Cumberland.

Lieut. Colonel GEORGE T. ALLEN, U.S.A., District No. 3. The Department of the Tennessee.

Lieut. Colonel LEWIS HUMPHREYS, U.S.A., District No. 4. The Department of the Ohio and Northwest, and all Hospitals not otherwise provided for.

The limits of the Department assigned to Lieut. Colonel Keeney are defined by General Orders No. 135, current series, and include the States of Missouri, Arkansas, Kansas, and the bordering Indian Territory. Alton, Illinois, is attached to this Department. General Orders No. 155, current series, adds the Territories of Colorado and Nebraska. Lieut. Colonel Keeney will inspect this District at least once each month in accordance with instructions already given him. His station when not on inspection duty will be St. Louis, Mo.

The limits of the Department assigned to Lieut. Colonel Lyman are defined in General Orders No 168, current series, and include Tennessee, east of the Tennessee river,

and such parts of Northern Alabama and Georgia as may be taken possession of by the United States troops. His station when not on inspection duty will be Nashville, Tennessee.

It is specially designed that Lieut. Colonel Lyman shall have charge of the sanitary condition of the Army of General Rosecrans. He will, however, visit each hospital and camp in his district at least once each month in conformity with instructions already given him.

The limits of the Department assigned to Colonel Allen are defined by General Orders No. 159, current series, and include Cairo, Fort Henry, Fort Donelson, Northern Mississippi, and the portions of Tennessee and Kentucky west of the Tennessee river. The location of Lieut. Colonel Allen when not on inspection duty will be at Jackson, Tennessee. He is designed to have special charge of the sanitary condition of the Army of General Grant, and will also visit each camp and hospital in the Department at least once each month in conformity with instructions already given him.

The Departments assigned to Lieut. Colonel Humphreys are defined by General Orders No. 112, current series, and comprise the States of Ohio, Michigan, Indiana, Illinois, Kentucky east of the Tennessee river including Cumberland Gap, constituting the Department of the Ohio, and by General Order No. 128, current series, the States of Wisconsin, Iowa, Minnesota, and the Territory of Dacotah, constituting the Department of the Northwest. The Head-Quarters of Lieut. Colonel Humphreys when not on inspection duty will be Louisville, Ky. He will inspect each camp and hospital in his district at least once in each month in conformity with the instructions herewith inclosed.

The changes of Districts herewith announced, will take effect on the 1st of January, 1863.

R. C. Wood,
Assist. Surgeon-General.

The letter given below has been sent to the Dean of the Faculty of some of the Medical Colleges, and it being impracticable to send it to all, their attention is called to it.

Surgeon-General's Office,
December 22, 1862

Sir:—It has been determined to require from candidates entering the medical staff of the army, that they shall have attended at least one course of lectures on hygiene and military surgery.

Information is already received at this office that more than one medical school has determined to establish a chair for the teaching of the above branches, and your particular attention is invited to the propriety of adding to the faculty of your school a professor of hygiene and military surgery.

In this manner, not only will the general education of candidates for graduation be advanced, but the U. S. Army Medical Service will be the gainer in having more competent men present themselves for admission.

Very respectfully, your obt. servant,

William A. Hammond, *Surgeon-General.*

ORDERS, CHANGES, ETC.

Surgeon George Rex, U. S. Vols., has been assigned to duty in charge of the General Hospital, West's Buildings, Baltimore, Md.

Act. Assist. Surgeon T. R. Dunglison, U.S.A., has been ordered to report for duty to the Medical Director at Washington, D. C.

By General Orders, No. 211, current series, from the Adjutant General's Office, the following named has been dismissed from the service of the United States, for receiving money from soldiers, in consideration of giving them certificates of disability for discharge.

Surgeon Ferris Jacobs, U. S. Vols.

Asst. Surg. D. W. C. Peters, U.S.A., has relieved Asst. Surgeon A. Woodhull, U.S.A., in charge of General Hospital, Stewart's Mansion, Baltimore, Md. Dr. Woodhull has reported for duty in the Office of the Medical Director in the same city.

Surgeon D. W. Hand, U. S. Vols., is on leave of absence.

Surgeon T. H. Bache, U. S. Vols., has been ordered to report for duty to the Medical Director, Army of the Potomac.

Assist. Surg R. R. Wiestling, 45th Penn. Vols., and Asst. Surg. G. W. Hoover, 132d Penn. Vols., to report for duty to the Medical Director at Washington.

So much of Special Orders 365, current series, from this office, as dismissed Surgeon C. L. Hubbard, 12th New York Volunteers, is hereby revoked, he having been duly discharged the service by resignation, previous to his being reported to the Surgeon-General for absence without leave, the offence for which he was dismissed.

Leave of absence has been granted to the following officers: Surgeon D. V. Whitney, 4th Cavalry, Mo. State Militia, to enable him to appear for examination before the Naval Medical Examining Board.

Surgeon T. A. Reamy, 122d Ohio Vols., for ninety days.

Ass't Surgeon W. W. Squire, 131st N. Y. V., for thirty days, on surgeon's certificate of disability.

Ass't Surgeon F. S. Dreadway, 27th Conn. Vols., for twenty days, on surgeon's certificate of disability.

Surgeon C. F. H. Campbell, U. S. V., for seven days, on account of pressing private affairs.

The following named officers have been discharged the service of the United States.

Surgeon J. W. Hunt, U. S. V., honorably, on account of disability.

Surgeon A. J. Berry, 88th N. Y. V., honorably, on account of disability.

Surgeon J. O. Van Hoevenbergh, 120th N. Y. V., honorably, having tendered his resignation on account of private business.

Ass't Surgeon W. H. Lakeman, 76th N. Y. V., has been dismissed the U. S. service with loss of all pay and allowances that are, or may become, due him, having been found in Washington without proper authority, and in violation of General Orders from the War Department.

The muster into service of Surgeon G. Smith, 110th Illinois Vols., has been revoked, it having been made without the consent of the Governor.

On Saturday the 13th inst., Surgeon-General Hammond, with as many members of his staff as could be spared from Washington, visited the battle-ground at Fredericksburg, to give aid to the wounded. They returned on the 19th. Up to the present time 4,700 wounded have been sent to Washington, Point Lookout, and Alexandria. The proportion of slightly wounded is very large, very many being mere scratches or bruises. Three thousand wounded still remain with the army.

The Army Medical Board for the examination of Surgeons and Assistant Surgeons of Volunteers, now in session in Philadelphia, Pa., will adjourn, *sine die*, on the 28th inst. Candidates who may then be awaiting examination will be ordered before a similar Board in Washington, D. C.

So much of Special Orders 289 from the War Department, as relates to the dismissal of Assistant Surgeon McCormick, 134th Penn. Vols., has been revoked, and he is reinstated in his position to date from the day of his dismissal, provided the vacancy has not been filled.

By Special Orders 401, A. G. O., the officers and soldiers wounded at Fredericksburg will be transported, if desired by themselves, to some convenient Hospital of the Government in their respective States. If there be no U. S. Hospital in their own State, they will be transported to some convenient hospital in an adjacent State.

Special Orders, No. 159, from headquarters of the Western Department St. Louis, Missouri, September 6, 1861, by authority of Major-General Fremont, establishing a Western Sanitary Commission, is approved and continued, with the privilege to said Commission of extending its labors to the camps and hospitals of any of the western armies, under the direction of the Assistant Surgeon-General, Col. E. C. Wood, or the senior Medical Officer of the Medical Department.

The Commission will consist of the original members appointed, until otherwise ordered, viz. James E. Yeatman, C. S. Greely, J. B. Johnson, George Partridge, W. G. Elliott.

Medical News.

Petroleum in Surgery.—A patent has been issued in Paris for the preparation and application of new agents for stopping of hæmorrhage, etc., in wounds. They consist of salts made from mineral and essential oils, soluble in caustic potash or soda. They are prepared by taking coal oil, or petroleum, and stirring it cold in about one-third of its weight of caustic soda. It is then allowed to settle for twelve hours, when it settles into two different layers, the lower one being called phenate of soda. The phenate of soda is run off by a tap in the bottom of the vessel in which it is formed. Phenates thus obtained are applied to wounds, to stop hæmorrhage, as follows: If the wound has been produced by a cutting instrument, several folds of a surgeon's compress are dipped into the liquid and applied to the wound. "It neither causes pain nor irritation," says the inventor. The compress is pressed upon the wound, and the phenates freely applied on the outside with a rag. A second compress is then applied, and sometimes four are required, but seldom more. The phenate coagulates the albumen of the blood, and stops its further issue. If the hæmorrhage is caused by a bayonet or bullet, the phenate solution is injected two or three times into the wound, then the opening is stopped with lint soaked in the solution. The superiority of these phenates for wounds is stated to be due, not only to the property which they possess of coagulating the blood, but also of their rendering the edges of the wound insensible, and causing the injured tissues to contract by acting upon them in a similar manner to tannic acid.—*Am. Gas Light Jour.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 23d day of December to the 29th day of December, 1862.

Deaths.—Men, 77; women, 92; boys, 95; girls, 104; total, 368. Adults, 69; children, 199; males, 172; females, 196; colored, 4. Infants under two years of age, 126. Children born of native parents, 24; foreign, 158.

Among the causes of death we notice:—Apoplexy, 4; infantile convulsions, 24; croup, 22; diphtheria, 22; scarlet fever, 12; typhus and typhoid fevers, 17; consumption, 54; small-pox, 1; measles, 2; dropsy of head, 9; infantile marasmus, 11; cholera infantum, 0; inflammation of brain, 8; of bowels, 6; of lungs, 28; bronchitis, 14; congestion of brain, 5; of lungs, 4; erysipelas, 3; diarrhœa and dysentery, 3. 209 deaths occurred from acute diseases, and 40 from violent causes. 234 were native, and 134 foreign; of whom 88 came from Ireland; 23 died in the City Charities; of whom 10 were in Bellevue Hospital, and 5 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Dec. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'on, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
22d.	30.10	.20	26	21	31	3	5	S.W.	7	770
23d.	30.10	.50	36	28	44	4	7	S.W.	7	728
24th.	30.30	.20	31	27	35	6	9	N. to S.W.	5	600
25th.	30.04	.20	40	36	44	5	7	S.W.	8	670
26th.	29.84	.30	45	38	52	3	4	S.W.	8	793
27th.	30.70	.06	47	40	54	4	7	S.W.	6	756
28th.	29.80	.17	39	35	43	6	8	S.W.	4	620

REMARKS.—22d, Light snow early A.M., variable day. 23d, Barometer fell suddenly A.M. and rose as rapidly P.M., sleet early A.M., variable day. 24th, Wind fresh A.M., variable day. 25th, Cloudy nearly all day, clear late P.M. 26th, Variable A.M., cloudy P.M., very light rain at 10 A.M. and P.M., warm and damp. 27th, Fog early A.M., variable day, warm and damp. 28th, Variable day; clear night.

SPECIAL NOTICES.

NEW YORK COUNTY MEDICAL SOCIETY.—*A stated meeting of this society will be held at the College of Physicians and Surgeons, corner of 23d St. and 4th Avenue, on Monday evening next, Jan. 5th, 1863, at 8 o'clock. Subject for discussion—"Diphtheria."*

NEW YORK ACADEMY OF MEDICINE.—*Wednesday, Jan. 7th, 1863,* ANNUAL ELECTION FOR OFFICERS. DR. A. L. SANDS *will exhibit a new mode of securing the lower jaw, in cases of fracture.* DR. J. O'REILLEY *will read a practical and scientific paper entitled "Hints on the Treatment of Strangulated Hernia."*

TERMS OF THE AMERICAN MEDICAL TIMES.

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